

HCB Waiver Redesign

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1915(c) Home & Community Based Services Waiver Redesign Task Force

Review previous waiver redesign efforts undertaken by the Cabinet for Health and Family Services and to develop recommendations to ensure the quality and stability of 1915(c) waiver services in Kentucky.

Sen. Raque Adams - Co-Chair – Seven Counties Services

Rep. Riley - Co-Chair – LifeSkills

Sen. Carroll – Four Rivers

Sen. Meredith – LifeSkills & Communicare

Sen. Parrett – Communicare & Seven Counties

Rep. Elliott – Adanta & New Vista

Rep. Kirk-McCormick - Mountain

Rep. Stevenson – Seven Counties

Community Mental Health Centers

14 Community Mental Health Centers (CMHCs)

Serve Approximately 175,000 individuals annually

Employ 8,000 people – therapists, direct support professionals,
physicians, accountants, lawyers

Led by 300+ voluntary board members

CMHCs Make All KY Communities Better!

Current HCB Waivers

- Acquired Brain Injury
 - Acquired Brain Injury – Long Term Care
 - Home & Community-Based
 - Michele P.
 - Supports for Community Living
 - Model 2
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- Pending 1115 waiver for individuals with Substance Use Disorder and currently incarcerated.
 - **What is missing?**

What is missing?

- HCB Waiver for Individuals with a Severe Mental Illness!!
- June 2019 Interim Health, Welfare & Family Services Committee received testimony about an SMI Waiver
- SMI Task Force will hear testimony about a SMI Waiver
- Based upon Navigant data 24,096 individuals were supported by the six (6) HCBS waivers while spending \$857,313,919; approximately \$35,579 per person. **\$0.00 for SMI folks!**
- There might be some individuals with SMI supported by a waiver but only because they have another primary diagnosis which makes them eligible.
- Other states have a waiver for the SMI population – it is time for Kentucky to do the same.

SMI Waiver Services & Supports

- Residential Options
 - Staffed Residence
 - Group Home
 - Intensive In-Home Supports
- Medication Administration Support
- Supported Employment
- Tenant Skill Building
- Personal Care Homes have individuals who need more intensive services to be supported in community

Past Redesign Efforts

- November & December 2016 thru January 2017
 - Abruptly Ended
 - Lead by CHFS DAIL Commissioner and Deloitte staff
- 2018 – 2019
 - Navigant Report
 - Navigant HCBS Rate Study and Rate Recommendations

Recommendations

- The process should not be budget neutral.
 - If the six (6) existing waivers are to be redesigned without new money, the outcome will be the same as with Navigant.
 - Rate Recommendations resulted in three (3) waivers gaining funding – HCB, Model 2, & SCL
 - Rate Recommendations resulted in three (3) waivers losing funding – ABI, ABI-LTC, & MPW
 - The Navigant process abruptly stopped when the Rate Recommendations were made public

Recommendations

- Review work started in 2016 and 2018 – review the recommendations
- SMI Waiver
- Waiver Administration should focus upon identified outcomes for waiver participants
- Less emphasis on output (checklists, completing forms) and greater emphasis on quality outcomes for individuals served.
- Providers need immediate and on-going funding assistance to address the workforce crisis.
 - Assistance needs to include rate adjustments to address increased costs and inflation

Recommendations

- Evaluate Participant Directed Supports
- Competent and trained PDS Employee workforce
- Fiscal Intermediary function and cost
- Fiscal Intermediaries provide the Commonwealth an interest free revolving line of credit for PDS payroll.
- Use MWMA for PDS reviews, with providers submitting documents which are not included in MWMA as opposed to all documents, some of which are in MWMA.

Recommendations

- Address redesign within waivers as opposed across all waivers at once
 - Redesign focusing upon SCL and MPW, while not the exact same population served, it is very similar
 - Relationship between MPW and SCL; transition from MPW to SCL when residential options are needed for the individual; fear that some individuals will need greater supports to live in the community than are available in MPW.
 - Redesign focusing upon ABI and ABI-LTC
- Redesign may occur across all waivers to develop consistent language, service names and definitions.
 - Similar services should be called the same and have the same definition across all waivers. So very confusing for individuals and families.
 - Navigant worked on this issue

Recommendations

- Individual acuity and level of support needs to included in the final product.
- Determine acuity with a standardized, valid and reliable tool.
- Use the tool to adequately support higher-acuity individuals with greater supports.
- Address the waiting lists – there should be some expectation that individuals will stop waiting and start receiving supports
- The Redesign product needs to predictable, flexible, and responsive to (1) consumers (& families) (2) providers (3) funders, both state and federal

Change/Design – Dollar Two-By-Two

C h a n g e R e d e s i g n	High Change/Redesign Low Dollar	High Change/Redesign High Dollar
	Low Change/Redesign Low Dollar	Low Change/Redesign High Dollar
		Dollar

Low Change/Redesign Low Dollar

- This is the current situation – status quo.
- Are the needs of current and future consumers being met?
- Are providers confident in their business model?
- Are funders & policy makers satisfied?

High Change/Redesign Low Dollar

- This is the charge which was given to Navigant and previous redesign efforts
- This is the “Budget Neutral” Model
 - Meaning Change/Redesign can be implemented but No New Dollars will be added
 - Resulted in three (3) HCB waivers losing dollars (ABI, ABI-LTC & MPW)
 - Three (3) HCB waivers gaining dollars (HCB, SCL, & Model 2)
- Result is migration of dollars between waivers
- Advocates for losing waivers express dissatisfaction, rightly so.
- Change/Redesign Process Ends!

Low Change/Redesign High Dollar

- Individuals with complex support needs to be supported in the community.
 - Complex physical health needs
 - Complex behavioral health needs
 - Combination of physical and behavioral health needs
- Provider community has repeatedly expressed the need for additional funding.
 - Direct Support Professional compensation needs to be increased to become competitive in the market-place.
 - Viability of the business model.
- Funders & Policy Decisionmakers
 - What are the outcomes of additional funding?
 - How much more is needed to support current individuals in HCB waivers and future individuals in HCB waivers?

High Change/Redesign High Dollar

- Encourages change, redesign, and innovation
- Focus on identified outcomes
- Support current individuals and position the waivers to meet pent-up demand (folks on and not on a waiting list) and future demand
- Funders and Policy Makers will know value of their investment and future need for services and supports
- Ensure sufficient providers to meet service and support needs
- Maintain and expand Direct Support Professional workforce

Conclusion

- Focus Upon Individuals Currently Served & Supported and Individuals Needing Services & Supports in Short & Long Term
- Include waiver for individuals with Severe Mental Illness
- The Collective “WE” know what needs to take place
- Build upon previous efforts
- Balance Needs of Individuals, Families, Providers, Funders & Policy Makers
- Status Quo and Redesign requires new FUNDING – commitment to redesign and fund
- CMHCs want to participate – contribute to the solution – build a system which works now and in the future.